Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Nonprofit Church-Related Skilled No No Average Daily Census: 42 \*

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	43. 9 29. 3
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 31. 7	Under 65 65 - 74	0. 0 9. 8	More Than 4 Years	26. 8
Respite Care Adult Day Care	No Yes	Mental Illness (Other) Alcohol & Other Drug Abuse	2. 4 0. 0	75 - 84 85 - 94	39. 0 43. 9	   ***********************************	100.0
Adult Day Health Care	No No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	7. 3	Full-Time Equivalen Nursing Staff per 100 Re	
Congregate Meals Home Delivered Meals	No	Cancer Fractures	4. 9 9. 8	05 0 0	100. 0	(12/31/00)	sidents
Other Meals Transportation	Yes No	Cardi ovascul ar Cerebrovascul ar	9. 8 12. 2	65 & 0ver	100.0	RNs	10. 7
Referral Service Other Services	No No	Di abetes Respi ratory	0. 0 7. 3	Sex	<b>%</b>	LPNs   Nursing Assistants	13. 1
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	22.0	Male Female	19. 5 80. 5	Aides & Orderlies	<b>52.</b> 0
Provi de Day Programmi ng for Devel opmental ly Di sabled	No		100. 0		100. 0		

## Method of Reimbursement

		Medica (Title			Medic Title			0th	er	P	ri vate	Pay	 I	Manage	d Care		Percent
			Per Die	m		Per Die	m		Per Di er	n		Per Dien	1	Ŭ ]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0.0	\$0.00	31	93. 9	\$94.68	0	0.0	\$0.00	8	100.0	\$115.00	0	0.0	\$0.00	39	95. 1%
Intermedi ate				2	6. 1	\$76.94	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	4. 9%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		<b>33</b> 1	100.0		0	0.0		8	100.0		0	0.0		41	100.0%

Admissions, Discharges, and		Percent Distribution	$of \ \ Residents'$	Condi ti d	ons, Services	s, and Activities as o	f 12/31/	00
Deaths During Reporting Period				 %	% Needing			otal
Percent Admissions from:		Activities of	%		stance of	% Totally	Num	ber of
Private Home/No Home Health	8. 8	Daily Living (ADL)	Independent	One (	or Two Staff	Dependent	Res	i dents
Private Home/With Home Health	0. 0	Bathi ng	2. 4		70. 7	26. 8		41
Other Nursing Homes	0.0	Dressi ng	2. 4		68. 3	29. 3		41
Acute Care Hospitals	91. 2	Transferring	19. 5		51. 2	29. 3		41
Psych. HospMR/DD Facilities	0. 0	Toilet Use	19. 5		46. 3	34. 1		41
Rehabilitation Hospitals	0. 0	Eating	63. 4		24. 4	12. 2		41
Other Locations	0.0	***************	******	*****	*********	********	******	*****
Total Number of Admissions	34	Continence		%	Special Trea			%
Percent Discharges To:		Indwelling Or Externa		2. 4	Recei vi ng	Respiratory Care		7. 3
Private Home/No Home Health	3. 0	Occ/Freq. Incontinent		53. 7		Tracheostomy Care		0. 0
Private Home/With Home Health	0. 0	0cc/Freq. Incontinent	t of Bowel	14. 6		Sucti oni ng		2. 4
Other Nursing Homes	9. 1	_			Recei vi ng	Ostomy Care		0. 0
Acute Care Hospitals	21. 2	Mobility			Recei vi ng	Tube Feeding		0. 0
Psych. HospMR/DD Facilities	0. 0	Physically Restrained	d	9. 8	Recei vi ng	Mechanically Altered	Diets	9. 8
Reĥabilitation Hospitals	0. 0					-		
Other Locations	0. 0	Skin Care				ent Characteristics		
Deaths	66. 7	With Pressure Sores		2. 4		ice Directives	1	00. 0
Total Number of Discharges		With Rashes		7. 3	Medi cati ons			
(Including Deaths)	33	]			Recei vi ng	Psychoactive Drugs		46. 3

	Thi s	Other Hospital-	Al l		
	Facility	Based Facilities	Facilties		
	%	% Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	71. 2	87. 5 0. 81	84. 5	0.84	
Current Residents from In-County	92. 7	83. 6 1. 11	77. 5	1. 20	
Admissions from In-County, Still Residing	<b>50.</b> 0	14. 5 3. 45	21. 5	2. 33	
Admissions/Average Daily Census	81. 0	194. 5 0. 42	124. 3	0.65	
Discharges/Average Daily Census	<b>78</b> . <b>6</b>	199. 6 0. 39	126. 1	0.62	
Discharges To Private Residence/Average Daily Census	2. 4	102. 6 0. 02	49. 9	0.05	
Residents Receiving Skilled Care	95. 1	91. 2 1. 04	83. 3	1. 14	
Residents Aged 65 and Older	100. 0	91. 8 1. 09	87. 7	1. 14	
Title 19 (Medicaid) Funded Residents	80. 5	66. 7 1. 21	69. 0	1. 17	
Private Pay Funded Residents	19. 5	23. 3 0. 84	22. 6	0.86	
Developmentally Disabled Residents	0. 0	1. 4 0. 00	7. 6	0.00	
Mentally Ill Residents	34. 1	30. 6 1. 11	33. 3	1.02	
General Medical Service Residents	22. 0	19. 2 1. 14	18. 4	1. 19	
Impaired ADL (Mean)*	<b>53.</b> 2	51. 6 1. 03	49. 4	1.08	
Psychological Problems	46. 3	52. 8 0. 88	50. 1	0. 93	
Nursing Care Required (Mean)*	3. 7	7.8 0.47	7. 2	0.51	